

# QSEN Intermediate – Millie Larsen Scenario 2

## Patient Centered Care

- Multiple dimensions of care-transitions
- Barriers to patient involvement in process
- Empowering patients
- Valuing active partnerships with family/patient in care process
- Recognize conflict
- Respect patient's wishes – support family involvement
- Communication techniques appropriate to age and mental status



# QSEN Intermediate – Millie Larsen Scenario 2

## Safety

- Effective use of standardized safety practices
- Value vigilance and monitoring
- Communicating observations of hazards and errors
- Recognize lack of completion of fall risk assessment
- Communicate results of Hendrich II and Katz assessments



# QSEN Intermediate – Millie Larsen Scenario 2

## Teamwork and Collaboration

- Act with integrity, consistency and respect for differing views
- Recognize need for inter-professional involvement in Millie's care
- Refrain from personal bias/opinion in collaboration



# QSEN Advanced – Millie Larsen Scenario 3

## Patient Centered Care

- Actively involve patient and family in conversations on quality, safety and cost effectiveness
- Address polypharmacy and financial issues
- Collaborate and educate surrounding how best to operationalize the treatment plan



# QSEN Advanced – Millie Larsen Scenario 3

## Safety, Informatics, Quality Improvement

- Analyze errors and design system improvements-Use of information management tools to monitor outcomes
- Use quality measures to understand performance (i.e. root cause analysis)
- Identify and address polypharmacy issues
- Conduct root cause analysis –Millie's fall



# QSEN Advanced – Millie Larsen Scenario 3

## Teamwork and Collaboration

- Use of strategies to manage team overlaps and accountabilities
- Differences in communication styles
- Conduct an interdisciplinary team meeting to better coordinate Millie's care



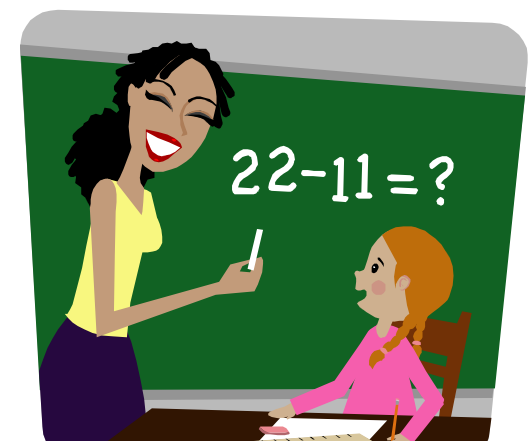
# Teaching Thinking: Use of Debriefing

...improving clinical reasoning



# Approaches to Debriefing

- NLN/Jeffries (Right-Wrong-Do-Differently)
- PCA (Pro's-Con's-Alternatives)
- Advocacy/Inquiry
- Learning/System/Feedback/Loop
  - Objectives → Course Material → Simulate → Debrief
- Plus Delta
- GAS Method (Gather-Analyze-Summarize)







# Clinical Reasoning

The gap in the nursing literature on simulation highlights the need for further education research on?????

1. Transfer of simulation learning outcomes to the clinical setting
2. Identifying nursing student satisfaction with use of simulation
3. Developing faculty expertise in effective use of simulation



# 1. Transfer of simulation learning outcomes to the clinical setting

Teaching strategies frequently engage questioning and thinking at lower levels (recall, content, knowledge levels)

**Nursing Education is  
more than *what we know***

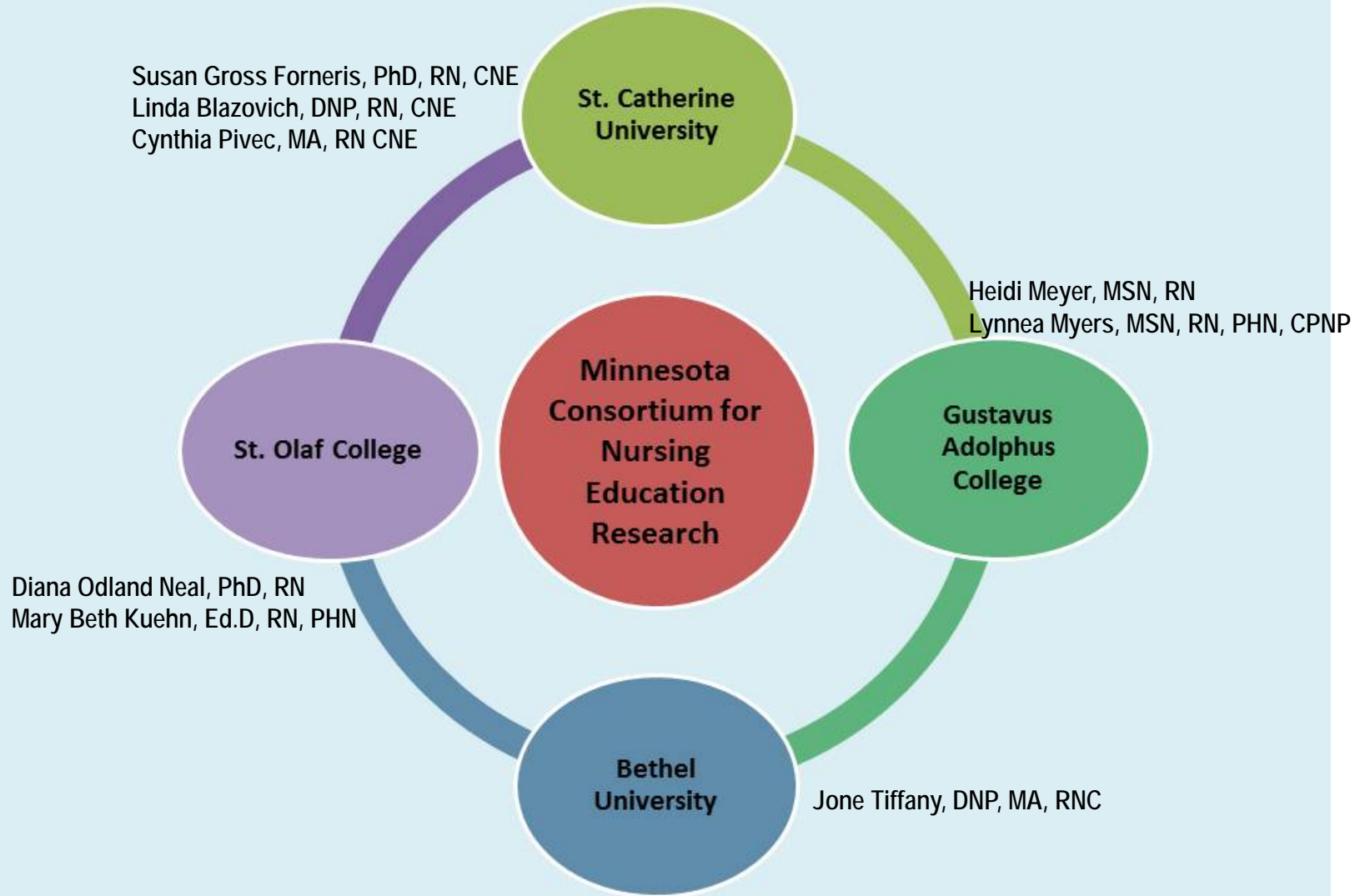


...explore strategies that integrate content knowledge with knowledge of the context creating dialogue that invites questions in a reflective and critical manner.



# The search for evidence...







# Multi-site study

- Pilot Study:
  - Quasi-experimental, pre-test-post-test, repeated measure research design
- Purpose:
  - To determine if undergraduate nursing students demonstrate a positive change in clinical reasoning skills using the Debriefing for Meaningful Learning (DML) model



# Debriefing for Meaningful Learning ©

- Active Learning Approach
  - Form of clinical teaching
  - Constructivist learning
  - Promotes active learning
  - Incorporates Guided Reflection
  - Schon's work – Reflection in-on-action
    - Driefuerst added 'beyond-action'

Dreifuerst, K.T. (2010). Debriefing for meaningful learning: Foster development of clinical reasoning through simulation. Retrieved from Proquest Dissertations and Theses.





## DML Student Worksheet

1. What is the first thing that comes to mind about the simulation experience?

2. What went right and why?

3. What would you do differently and why?

Framing: (What is the client's story?)

Focused Key Problem/ND:

Dreifuerst, K.T. (2010). Debriefing for meaningful learning: Foster development of clinical reasoning through simulation. Retrieved from Proquest Dissertations and Theses.



# Debriefing for Meaningful Learning ©

- 6-E Approach
  - Evaluate
  - Explore
  - Explain
  - Elaborate
  - Extend

Dreifuerst, K.T. (2010). Debriefing for meaningful learning: Foster development of clinical reasoning through simulation. Retrieved from Proquest Dissertations and Theses.



# Health Sciences Reasoning Test (HSRT)

- “Measures high-stakes reasoning and decision making processes”
- Form of the California Critical Thinking Test
- Designed broadly for health professions students

“Health Sciences Reasoning Test HSRT Test Manual”. Insight Assessment. 2011.





# What do the results really tell us:

- Dreifuerst's raw scores illustrated a positive change in clinical reasoning skills with use of the DML debriefing model.
- *Statistically significant*
- *N=238*
- *Use of a control group*
- MCNER Pilot also illustrated a positive change in the raw scores in clinical reasoning, however,
- *Not statistically significant*
- *Pilot sample size only 30*
- *No control group*



# Implications

Engage an active learner-centered approach to teach thinking within the context of patient care



# Building Simulation Expertise



# Millie Larsen –Scenario 2



## Millie Larsen-Simulation #2

### ***Faculty Nutshell:***

*Millie Larsen has sustained a fall following her admission. While her cognition is improving, from an ongoing safety standpoint she requires some assistance with ambulation. The key focus of this simulation is for students to recognize the need for accurate assessments of patient's level of function and appropriate assessment skills and screening that provide a safe and accurate reflection of the best discharge plan and environment. Students should be familiar with and using the SPICES, CAM, Hendrich II Fall Risk Model, and Katz Index of Independence.*





# How would you debrief to achieve these learning outcomes??

## Simulation #2 Learning Objectives

### Simulation Learning Objectives – for faculty

1. Perform a head-to-toe physical assessment and use the following assessment tools: SPICES, Confusion Assessment Method (CAM), Katz Index of Independence, and Hendrich II Fall Risk Model.
2. Identify changes in cognition from simulation scenario #1.
3. Recognize conflict between daughter and client regarding discharge plan.
4. Communicate therapeutically with patient and daughter.
5. Discuss the risks and benefits of discharge to home.
6. Identify and discuss geriatric syndromes evident in the simulation: fall risk, confusion, incontinence.



## Pt. Story

- ~~normal~~ confused/disoriented
- 84 y.o. - widow, last yr. Harold
- Hx: of HTN/dehydration
- cook, garden
- daughter - Dina
- Snuggles - cat
- Spiritual
- lives alone, active in Church
- sees family often
- financial issues - bad

## Problems

- \* Confusion
- \* Dehydration

\* UTI - ↑ WBC,  
bacteria,  
blood

Dx

Hypernatremia - 149

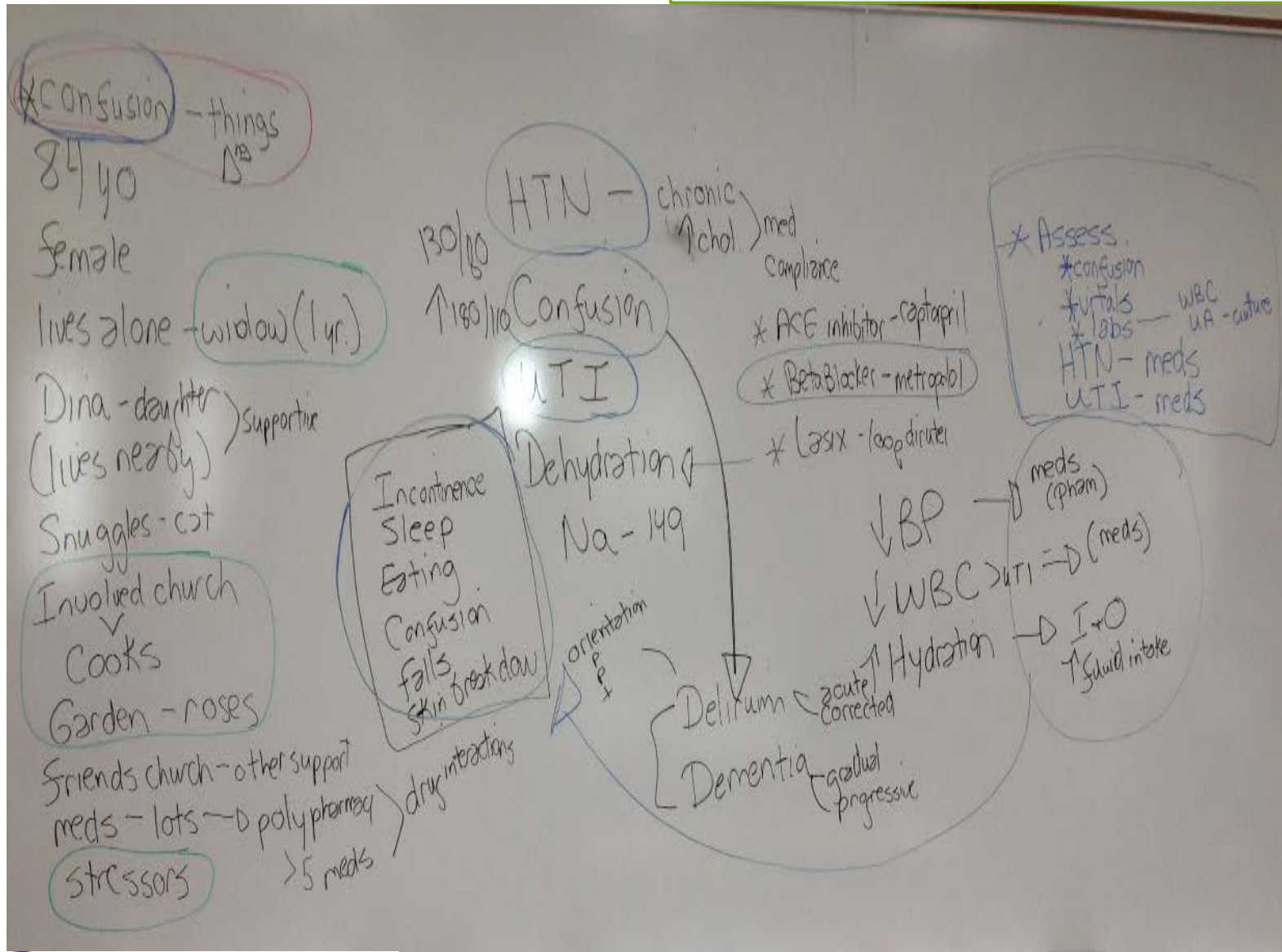
\* HTN 180/110

CAM 1,2,3,4

Delirium/Dementia

\* Safety Risk





# Faculty Resources

- Hartford Institute for Geriatric Nursing ○ <http://consultgerirn.org/resources>
- NLN ACES ○ <http://www.nln.org/facultyprograms/facultyresources/ACES/index.htm>
- NLN SIRC (Simulation Innovation Resource Center) ○ <http://sirc.nln.org/>



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Questions...Comments?



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THANK YOU for your kind  
attention!